


RECEIVED JAN 2 1997

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000069016 (9) 1. Corporation Name MAD-HIL ENTERPRISES, INC.					
Principal Place of Business 1189 HILLSBORO MILE UNIT 14 HILLSBORO BEACH FL 33062			Mailing Address 1189 HILLSBORO MILE UNIT 14 HILLSBORO BEACH FL 33062-1518		
2. Principal Place of Business 21 3116 N. Federal Hwy. Suite, Apt. #, etc. 22 Unit # 192 City & State 23 Lighthouse Point, FL Zip Country 24 33064-6738 25 U.S.A.		2a. Mailing Address 26 3116 N. Federal Hwy. Suite, Apt. #, etc. 27 Unit # 192 City & State 28 Lighthouse Point, FL Zip Country 29 33064-6738 30 U.S.A.		3. Date Incorporated or Qualified 08/16/1996	
				3a. Date of Last Report Applied For Not Applicable	
				4. FEI Number 65-0687716	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent CURRY, RANDALL S 1189 HILLSBORO MILE UNIT 14 HILLSBORO BEACH FL 33062			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 3116 N. Federal Hwy. 84 Unit # 192 City Lighthouse Point FL 85 Zip Code 33064		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Randall S. Curry Director 4-18-97 <small>Signature, typed or printed name of registered agent and title if applicable (NONE - Registered Agent signature required when reinstating) DATE</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE <input type="checkbox"/> DELETE 1.2 NAME D 1.3 STREET ADDRESS CURRY, RANDALL S 1.4 CITY-ST-ZIP 1189 HILLSBORO MILE UNIT 14 HILLSBORO BEACH FL 33062			1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 3116 N. Federal Hwy. Unit # 192 1.4 CITY-ST-ZIP Lighthouse Point, FL 33064-6738		
2.1 TITLE <input type="checkbox"/> DELETE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
3.1 TITLE <input type="checkbox"/> DELETE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
4.1 TITLE <input type="checkbox"/> DELETE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
5.1 TITLE <input type="checkbox"/> DELETE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
6.1 TITLE <input type="checkbox"/> DELETE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.					
SIGNATURE: Randall S. Curry SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4-18-97 Date		
			954-402-8988 Daytime Phone #		



CR2E034 (9/96)